

**State of Connecticut
Department of Children and Families**

FINANCIAL ASSISTANCE REQUIRED FOR POST-SECONDARY EDUCATION

Case Name

LINK #

Date:

I. Youth Information

Name:

DOB:

Age:

Address:

II. High School/Program Information

School Name :

GED Program ☐ Adult Education Program ☐

Regular Education Program ☐ Special Education Program ☐ Vocational/Technical Program ☐

Date of High School Graduation:

High School Grade Point Average:

Post-Secondary Educational Goals:

III. Post-Secondary Information

Name of School

Address of School

Program/Major:

Length of Program: Two (2) Years ☐ Four (4) Years ☐ Other ☐ _____

Academic Year for which Financial Assistance is requested:

Youth has maintained good academic standing in previous semester as verified by Social Worker:

Yes ☐ No ☐ If no, explain:

GPA If below 2.0, explain:

Previous semester courses, include course #:

IV. Budget Information

Cost of attendance expenditures cannot exceed the Connecticut State University Financial Aid Cost of Attendance for the current State Fiscal Year.

Cost of Attendance

- Tuition _____
- Fees _____
- Room/Board _____
- Health Care (only if out of state) _____

Category Subtotal: _____

Miscellaneous

- Books/Supplies,etc. _____

Category Subtotal: _____

CHAP (Off Campus Housing Based on Academic Year)

- Rent _____
- Living Expense Stipend _____

Grand Total: _____

Less: (Estimates from Financial Aid Award Letter)

- FAFSA Grants _____
- Scholarships _____

Balance: _____

DCF Contribution: _____

Youth Contribution/Responsibility: _____

DCF Budget Surplus: _____

Participants	Signature	Date
Adolescent Specialist		
Youth		
Supervisor		
Program Manager		
Program Director, if applicable		
Office Director, if applicable		

Return to Adolescent Specialist By: _____

Tuition Payment Due By: _____